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DATE: September 30, 2003

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FROM: Anthony G. Fussner

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COMMENTS:

Re: U.S. Application No. 9/543,764

Please find a courtesy copy of the Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address filed today for the above-referenced application. At your convenience, I would appreciate the opportunity to further discuss this case with you. Please feel free to contact me directly at 314-726-7502.

Thank you.

Anthony G. Fussner, Reg. No. 47,582

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Re: Application No. 9/543,764

Filing Date: April 5, 2000

First Names Inventor: John L. Howes

Group Art Unit 3625

1. Transmittal (1 page)
2. Revocation of Power of Attorney with New Power of Attorney and Change
of Correspondence Address (1 page)

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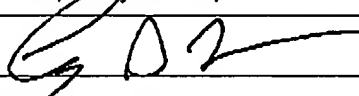
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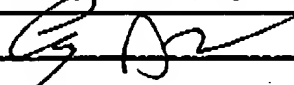
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	9/543,764
	Filing Date	April 5, 2000
	First Named Inventor	John L. Howes
	Group Art Unit	3625
	Examiner Name	Zurlita, James H.
Total Number of Pages in This Submission	Attorney Docket Number	1781-000002/US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment A <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">Certificate of Transmission</p>
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Firm or Individual name	Anthony G. Fussner, Reg. No. 47,582 Harness, Dickey & Pierce, P.L.C.
Signature	
Date	September 30, 2003

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	9/543,784
Filing Date	April 5, 2000
First Named Inventor	John L. Howes
Art Unit	3625
Examiner Name	Zurita, James H.
Attorney Docket Number	1781-000002/US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28.997

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28.997

OR

<input type="checkbox"/> Firm or Individual Name	Harness, Dickey & Pierce, PLC Anthony G. Fuzener		
Address	7700 Bonhomme, Suite 400		
Address			
City	St. Louis	State	MO
Country			
Telephone	(314) 726-7500	Fax	(314) 726-7501

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John L. Howes		
Signature	<i>John L. Howes</i>		
Date	9/30/2003	Telephone	313 982-2744

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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